

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Northwest Community Hospital Cancer Center		
Street Address: Lot 20 in the Towne Center at Veridian Plat of Subdivision #3		
City and Zip Code: Schaumburg, Illinois 60173		
County: Cook	Health Service Area: 7	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health
Street Address: 1301 Central Street
City and Zip Code: Evanston, Illinois 60201
Name of Registered Agent: Chris J. Mollet
Registered Agent Street Address: 801 South Washington Street
Registered Agent City and Zip Code: Naperville, Illinois 60540
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Street
CEO City and Zip Code: Evanston, Illinois 60201
CEO Telephone Number: 847-570-2000

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: sbautista@northshore.org
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: Northwest Community Hospital Cancer Center		
Street Address: Lot 20 in the Towne Center at Veridian Plat of Subdivision #3		
City and Zip Code: Schaumburg, Illinois 60173		
County: Cook	Health Service Area: 7	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Northwest Community Hospital
Street Address: 800 West Central Road
City and Zip Code: Arlington Heights, Illinois 60005
Name of Registered Agent: Stephen Scogna
Registered Agent Street Address: 800 West Central Road
Registered Agent City and Zip Code: Arlington Heights, Illinois 60005
Name of Chief Executive Officer: Stephen Scogna
CEO Street Address: 800 West Central Road
CEO City and Zip Code: Arlington Heights, Illinois 60005
CEO Telephone Number: 847-618-5007

Type of Ownership of Applicants

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: sbautista@northshore.org
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Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: sbautista@northshore.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: NCH West Campus Lot 20, LLC
Address of Site Owner: 71 South Wacker Drive, Suite 3725, Chicago, Illinois 60606
Street Address or Legal Description of the Site: See Attachment – 2A
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor’s documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Northwest Community Hospital
Address: 800 West Central Road, Arlington Heights, Illinois 60005
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- Substantive
- Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health (“NS-EE Health”) and Northwest Community Hospital (collectively, NS-EE Health and NCH, the “Applicants”) seek authority to construction a five-story building to be located on the former campus of Motorola Solutions, Inc. in Schaumburg, Illinois (the “Project”). The Project will house a modernized and expanded cancer treatment center. It will allow NCH to continue to provide state-of-the-art oncology care for what is the second leading cause of death in the U.S., including communities served by NCH.

The Project will be a destination for cancer care in Northwest Cook County and will further NCH’s mission to improve the health of individuals and underserved communities through state-of-the-art, research-driven, compassionate, and personalized care. With the best clinicians, technology and all the support patients and their families need in a safe, beautiful environment at one location, the Applicants will build the future of cancer care close to home.

Services to be located in the building will focus solely on NCH's ambulatory care program and will include clinical exam rooms for medical oncologists, surgical oncologists, gynecologic oncologists, radiation oncologists, pharmacy, laboratory, family meeting space, nurse navigator pods, and multidisciplinary clinics. The Project will allow NCH to continue to provide radiation oncology and medical oncology services including:

- Two linear accelerators
- Cyber knife
- Brachytherapy
- 29 infusion stations

The following is a “stacking” summary of the building, as anticipated at the current time:

- First Floor
 - Radiation Oncology
 - Lobby
- Second Floor
 - Imaging
 - Research
- Third Floor
 - Administration
 - Tumor Boards
- Fourth Floor
 - Medical Oncology
 - Specialty Clinics
- Fifth Floor
 - Infusion
 - Registration
 - Pharmacy

The Project will consist of 22,105 gross square feet of clinical space and 82,895 gross square feet of non-clinical space. The total cost of the Project is \$86,865,526.

The NCH Cancer Center Project is classified as non-substantive as it does not propose to establish a new category of service or facility as defined in 20 ILCS 2960/3.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$0	\$225,000	\$225,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	5,903,920	\$23,129,539	\$29,033,459
Modernization Contracts			
Contingencies	\$590,392	\$940,749	\$1,531,141
Architectural/Engineering Fees	\$125,000	\$75,000	\$200,000
Consulting and Other Fees	\$0	\$125,000	\$125,000
Movable or Other Equipment (not in construction contracts)	\$23,330,000	\$4,920,000	\$28,250,000
Bond Issuance Expense (project related)	\$598,986	\$588,306	\$1,187,292
Net Interest Expense During Construction (project related)	\$748,733	\$735,382	\$1,484,115
Fair Market Value of Leased Space or Equipment ¹	\$5,955,715	\$18,873,804	\$24,829,519
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$37,252,746	\$49,612,780	\$86,865,526
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$31,297,031	\$30,738,976	\$62,036,007
Mortgages			
Leases (fair market value)	\$5,955,715	\$18,873,804	\$24,829,519
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$37,252,746	\$49,612,780	\$86,865,526
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

¹ Northwest Community Hospital will lease the building housing the cancer center. The fair market value of the leased space consists of the developer's core and shell costs.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
<p>Indicate the stage of the project's architectural drawings:</p> <p style="text-align: center;"> <input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working </p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>March 31, 2025</u></p>
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance. </p>
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

<p>Are the following submittals up to date as applicable?</p> <p> <input checked="" type="checkbox"/> Cancer Registry <input checked="" type="checkbox"/> APORS <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits </p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
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Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e. non-clinical]: means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

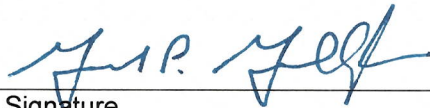
FACILITY NAME: Northwest Community Hospital		CITY: Arlington Heights, Illinois			
REPORTING PERIOD DATES: From: January 1, 2020 to: December 31, 2020					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	296	11,379	59,226	0	296
Obstetrics	44	2,659	6,516	0	44
Pediatrics	16	235	704	0	16
Intensive Care	60	4,646	13,298	0	60
Comprehensive Physical Rehabilitation	33	683	8,592	0	33
Acute/Chronic Mental Illness	52	1,826	13,168	0	52
Neonatal Intensive Care	8	34	3,474	0	8
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	509	21,462	104,978	0	509

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.



Signature



Signature

Gerald P. Gallagher

Printed Name

Doug Welday

Printed Name

President & Chief Executive Officer

Printed Title

Chief Financial Officer

Printed Title

Notarization:

Subscribed and sworn to before me this 24th day of March, 2022



Signature of Notary

Notarization:

Subscribed and sworn to before me this 28th day of March, 2022



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



Seal



CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Northwest Community Hospital in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Signature



Stephen Scogna

Printed Name

President & Chief Executive Officer

Printed Title

Signature



Michael Hartke

Printed Name

Executive Vice President & COO

Printed Title

Notarization:

Subscribed and sworn to before me
this 13 day of APRIL, 2022



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

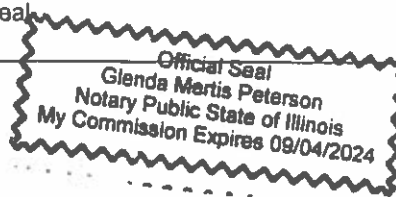
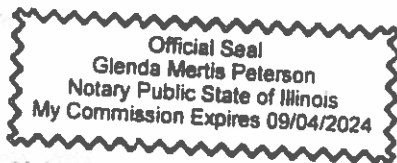
Notarization:

Subscribed and sworn to before me
this 13 day of APRIL, 2022



Signature of Notary

Seal



SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

<p>BACKGROUND OF APPLICANT</p> <ol style="list-style-type: none"> 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable. 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility. 3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest. <ol style="list-style-type: none"> a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed. c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude. d. A certified listing of each applicant with one or more unsatisfied judgements against him or her. e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. 4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. 5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:**

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Linear Accelerator	0	2
<input checked="" type="checkbox"/> Cyberknife	0	1
<input checked="" type="checkbox"/> High-Definition Radiation Procedure Room	0	1
<input checked="" type="checkbox"/> Imaging	0	4
<input checked="" type="checkbox"/> Infusion	0	29
<input checked="" type="checkbox"/> Laboratory/Draw Stations	0	3
<input checked="" type="checkbox"/> Pharmacy	0	2

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [**Indicate the dollar amount to be provided from the following sources**]:

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;
<u>\$86,865,526</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$86,865,526	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities in the community***, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			

	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			



APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Northwest Community Hospital 800 West Central Road
(Name) (Address)
Arlington Heights Illinois 60005 847-618-1000
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: Lot 20 in the Towne Center at Veridian Plat of Subdivision #3, according to the Plat thereof recorded February 25, 2020 as Document No. 2005616015 being a Subdivision of Lots 11 and 12 in the Towne Center at Veridian, according to the Plat thereof recorded on September 13, 2018 as Document No. 1825613044 in Cook County, Illinois

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:

Yes ___ No X

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

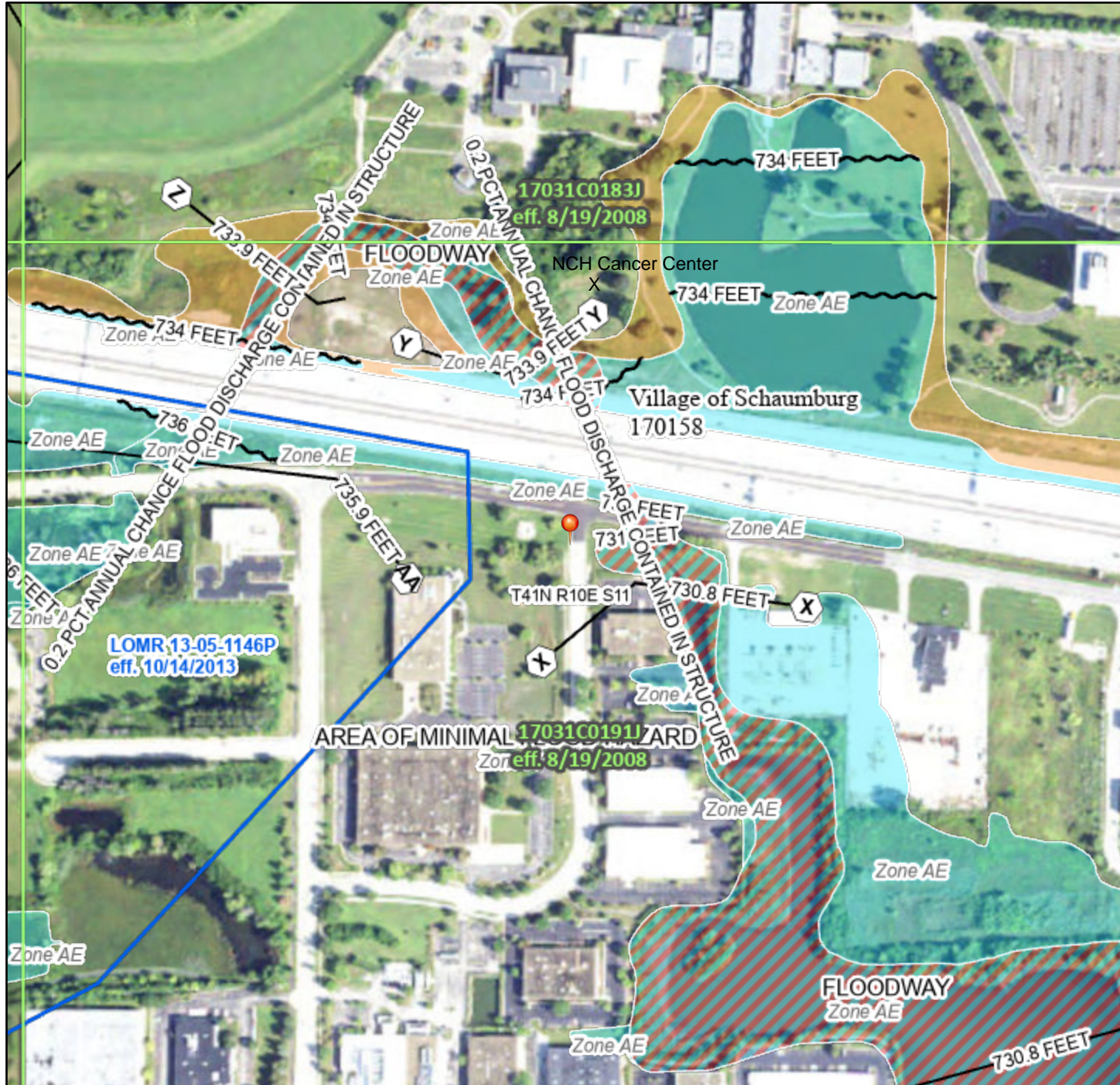
NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

National Flood Hazard Layer FIRMette



#22-018

88°3'46"W 42°3'51"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
OTHER FEATURES		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/21/2022 at 6:45 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Section I, Identification, General Information, and Certification
Applicants

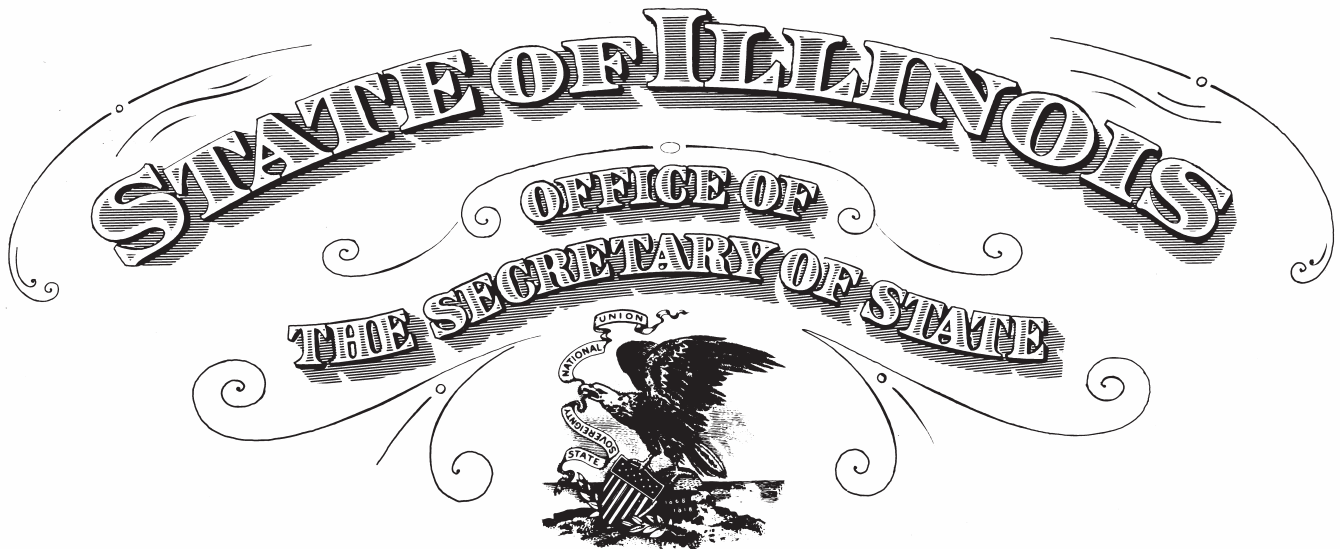
Certificates of Good Standing for NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Hospital (“NCH”) are attached at Attachment – 1.

NCH will be the operator of the Cancer Center.

As the person with final control over the operator NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health is named as an applicant for this certificate of need application.

File Number

7305-903-8

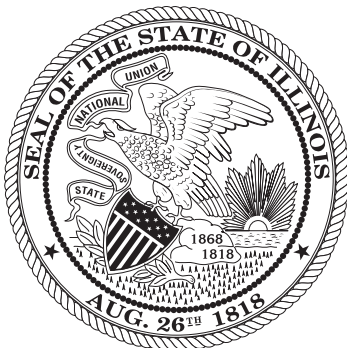


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NS-EE HOLDINGS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of SEPTEMBER A.D. 2021 .



Authentication #: 2125703034 verifiable until 09/14/2022

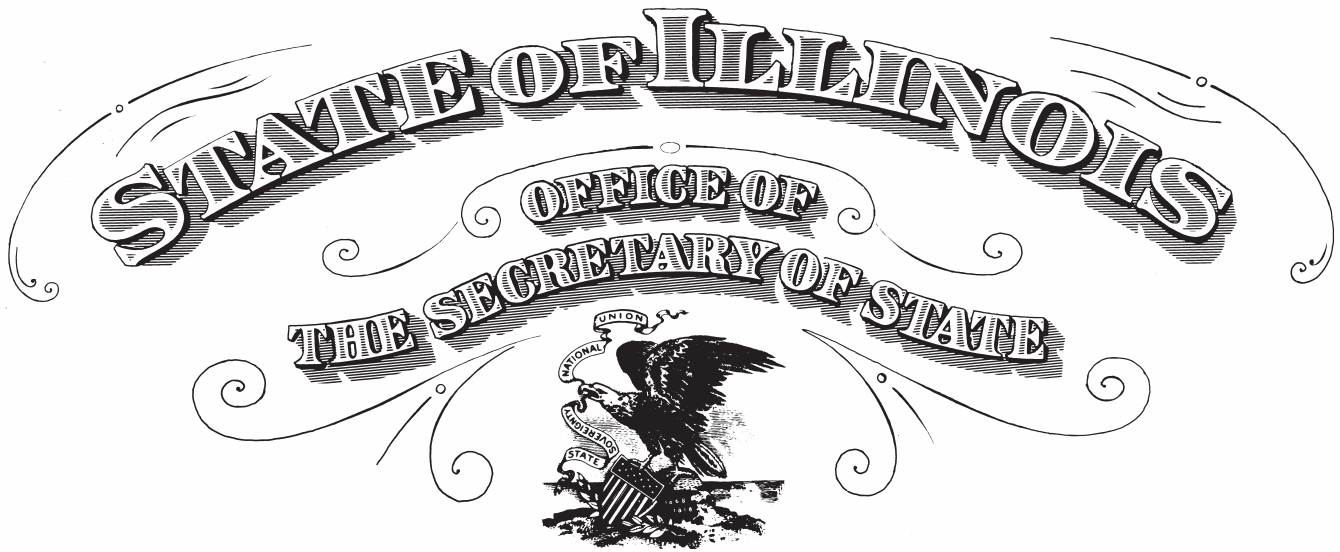
Authenticate at: <http://www.ilsos.gov>

Jesse White

SECRETARY OF STATE

File Number

3408-231-6

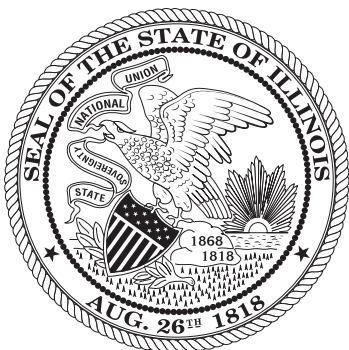


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of SEPTEMBER A.D. 2021 .



Jesse White

SECRETARY OF STATE

Authentication #: 2124600870 verifiable until 09/03/2022

Authenticate at: <http://www.ilsos.gov>

Section I, Identification, General Information, and Certification
Site Ownership

A letter of intent between NCH West Campus Lot 20, LLC and NCH to lease the property that will house the NCH Cancer Center is attached at Attachment – 2.

Michael Cummings
Principal

71 South Wacker Drive
Suite 3700
Chicago, IL 60606
www.colliers.com

PHONE: 312-612-5903
MOBLIE: 312-330-2316



May 3, 2022

Kenneth E. Garstka, Esq.
Senior Corporate Counsel & Secretary
Boler Properties, LLC
2021 Parkside Drive
Schaumburg, IL 60173

RE: Northwest Community Healthcare – Build-to-Suit for Cancer Center

Dear Ken:

On behalf of our client, Northwest Community Healthcare, we have been authorized to submit the following terms and conditions to NCH West Campus Lot 20, LLC (“Landlord”), under which Northwest Community Healthcare would be willing to finalize a lease for a new build-to-suit building at Lot 20 located in the Veridian Development, Schaumburg, Illinois.

- 1. Tenant:** Northwest Community Healthcare, an Illinois not for profit corporation, or related entity to be named.

- 2. Use:** Means use for purposes of a cancer center, general business offices, administrative offices, medical offices, immediate care center, diagnostic radiology (including MRI, CT, x-ray, radiation, infusion and ultrasound), women’s medical services (including mammography, ultrasound and Dexa scan), laboratory, internal medicine, specialty clinics, physical therapy, pharmacy, any uses ancillary thereto and all other lawful uses permitted by Landlord which approval of Landlord shall not be unreasonably withheld, conditioned or delayed, except, however, that the Permitted Uses shall not include unless otherwise provided above, the operation of an abortion clinic, a methamphetamine rehabilitation clinic or a marijuana dispensary or marijuana clinic.

- 3. Building:** New single building build-to-suit facility consisting of approximately 105,000 rentable square feet (“RSF”), to be located on Lot 20 in the Veridian development, Schaumburg, Illinois. The exact size and design of the Building, including but not limited to building orientation, building entrance, signage and other Tenant identification, mechanical system design (i.e. HVAC, elevators), electrical and other utility capacities, parking lot location, vehicular circulation, patient drop-off location, exterior finishes, floor plate size, number of stories, Building shaft space requirements, roof space design requirements, and space required by Tenant for any emergency power needs, shall be mutually agreed upon by Landlord and Tenant. Tenant has expressed an interest in additional medical

office space, which is likely to require a CON ("Phase II"). Phase I and Phase II need to meet the applicable FAR for the property, currently estimated at 210,000 square feet.

Please include an exhibit that depicts the area the Building and parking area shall be located with your response.

- 4. Premises:** Tenant shall lease 100% of the Building, pursuant to a triple net lease to be negotiated between the parties.
- 5. Proportionate Share:** The Building shall be single tenant; 100% dedicated to Tenant.
- 6. Lease Commencement Date:** The Lease Commencement Date for the Premises shall be the expiration of the 180th day after the earlier of (1) the date Tenant commences its Tenant build-out, or (2) the "Delivery Date," as to be defined in the Lease, (subject to adjustments for "Landlord Delay," "Force Majeure and "Tenant Delay," as to be defined in the Lease).

Please include an up-to-date schedule for the completion of the base building shell and core delivery and all associated site work completion with your response.
- 7. Prior Access by Tenant:** Tenant, its contractors or agents, etc. will require access to the Building during construction. Landlord and Tenant shall work together during this period in terms of scheduling and coordination between the various trades working on the Building and Premises.
- 8. Lease Term:** Fifteen (15) years from the Lease Commencement Date.
- 9. Net Base Rate:** The initial Net Base Rate shall be based on the Total Project Cost (to be defined in the Lease) of acquiring the land applicable to the Premises, improving the land and constructing the Building shell and core. The rent constant used to calculate the initial Net Base Rate shall be six and three quarters percent (6.75%) ("Rent Constant").
- 10. Base Rate Escalation:** 2.25% increase per year, commencing at the beginning of the second lease year.
- 11. Building Management:** Tenant shall have the right to self-manage the Building and any associated common areas during the Lease Term and in a first class manner. Tenant's self-management shall also permit Tenant's using Colliers International (or an affiliate of same) and any successor thereto ("First Choice Management"). For clarification purposes a "successor thereto" means: (i) an entity that purchases, merges into or merges with Colliers, but not (except as hereinafter provided) an

unrelated third-party that replaces Colliers, and/or (ii) an entity that replaces Colliers as a result of a change in ownership of Tenant (or a change in ownership of the entity that owns Tenant), by purchase, merger or other means that effectuate a change in ownership. If Tenant ceases to use First Choice Management and Tenant seeks to continue to use professional third party property management, so long as the Building is owned directly or indirectly by Boler Properties LLC or an affiliate of same ("Boler Properties"), Tenant shall include Boler Properties as one of not less than three bids requested by Tenant. Tenant shall determine the winning bid, and the winning bidder shall enter into a Property Management Agreement allowing for the termination of the Property Management Agreement and such other provisions as Tenant and the chosen property manager mutually agree on. Tenant shall be responsible for noncapital repair and maintenance of the Building roof, mechanical systems and parking lot, including restriping, patching and repairing.

12. Real Estate Taxes and Operating Expenses:

Tenant shall pay any real estate taxes imposed on the Building directly to the taxing authority as they come due and payable. Tenant shall have the right to contest real estate taxes as it deems appropriate, notwithstanding the foregoing, the Tenant is advised that pursuant to a deed restriction ("Deed Restriction") and the property being subject to a TIF financing district, it cannot apply for tax exempt status. Operating Expenses shall be defined in the Lease and shall not include Capital Improvements, excepting only Permissible Capital Improvements as to be defined in the Lease. Landlord shall endeavor to have the Deed Restriction to be amended to allow for the Deed Restriction to expire following the expiration of the TIF district.

13. Right to Audit:

At any time prior to the expiration of the second year anniversary of the Commencement Date, Tenant shall have the right at its sole cost and expense to audit the books and records of Landlord in connection with the Premises and the determination of Total Project Costs, and in connection with such audit Landlord shall make available, following the request of Tenant, such information as to costs incurred and expenditures made in connection with the Premises and the determination of Total Project Costs as will allow Tenant to conclude its audit. In the event that the audit reveals an overstatement or understatement of Total Project Costs in excess of ten percent (10%) of Total Project Costs, and Landlord does not contest same by causing its own audit by an accounting firm reasonably acceptable to each of Landlord and Tenant (the "Independent Auditor"), or does so contest but the Independent Auditor confirms an overstatement or understatement of in excess of ten percent (10%) of the Total Project Costs, Landlord shall pay

the cost of Tenant's audit (in the event of an overstatement). Base Rent payable under this Lease shall be recalculated retroactively based upon any overstatement or understatement of Total Project Costs. If Tenant does not self-manage the Building and Landlord manages same Tenant shall have the annual right to audit Operating Expenses and if in the event that it is determined Landlord's reconciliation of Operating Expenses was incorrect (i.e. whereby Landlord overcharged Tenant) by greater than (10%) percent, Landlord shall reimburse Tenant for the fees incurred by Tenant in the audit.

14. Capital Repairs or Replacements:

As generally set forth in the draft lease, subject to further review of Tenant.

15. Tenant Construction Allowance:

At Tenant's election, Landlord shall provide Tenant, a Tenant Construction Allowance ("Allowance") of up to \$75 per RSF for Tenant Improvements. Tenant shall have the right to use any, or all, of the Allowance for Tenant improvement purposes only. In the event Tenant utilizes the Allowance, the amount utilized shall be amortized over the Lease Term at the Rent Constant. To the extent Tenant chooses to not use the Allowance toward the payment of the costs of the initial Tenant Improvements, the Allowance, or such portion thereof not utilized by Tenant, shall be excluded from Total Project Costs, and Tenant shall have no right to the Allowance.

16. Definition of Building Shell and Core:

To be mutually agreed upon by Landlord and Tenant ("Delivery Condition").

17. Possession:

Should Tenant's possession of the Premises in the Delivery Condition be delayed as a result of Landlord Delay, beyond the scheduled date, rent shall be abated in an amount equal to the number of days Tenant's occupancy is delayed as a result of Landlord Delay. This abatement shall begin upon Tenant's occupancy and shall be added to any other rental abatement contained within the Lease. In the event occupancy is delayed beyond the date scheduled as a result of 180 days of Landlord Delays, Tenant shall have the right to cancel the lease.

18. Design of the Premises:

Tenant may use an architect, engineer and other associated consultants of its choosing, in the design and construction of the Tenant Improvements. Tenant may use an architect, engineer and other associated consultants of its choosing in the design (but not construction) of the core and shell.

19. Alterations:

There shall be no charge by Landlord for the review of plans or any inspections with regard to initial or future non-structural alterations, including, without limitation, decorative changes, painting, etc., (“Alterations”). Tenant will be able to undertake any non-structural Alterations, without Landlord’s consent, and structural Alterations with Landlord’s consent which consent will not be unreasonably withheld, conditioned or delayed.

Tenant shall have the right to select the contractors, subcontractors, engineers, and architects for all nonstructural Alterations, and for structural Alterations, those reasonably acceptable to Landlord, which approval shall not be unreasonably withheld, conditioned or delayed

Landlord shall not charge any supervisory fee, surcharges, or any other charges in connection with Tenant’s initial build-out or future non-structural Alterations; however, all subsequent structural Alterations during the Lease Term, shall be subject to Landlord’s supervision, including reasonable supervising, management or other fees.

20. Restoration At End of Term:

Tenant shall remove only those improvements that it elects to so remove and will not be required to remove fixtures (such as cable, etc.) or other improvements. There will be no cost to Tenant for restoration. However, Tenant shall be required to remove its trade fixtures, equipment and other personal property.

21. Compliance:

Landlord, at its sole cost and expense, will represent that the core and shell of the Building, as of the Lease Commencement Date, is in compliance with all codes and regulations pursuant to any federal, state or local governmental law or regulation, inclusive of the provisions of the Americans with Disability Act of 1992, as amended. Tenant shall at its sole cost and expense ensure that the initial build-out and any Alteration shall be in compliance with all codes and regulations pursuant to any federal, state or local governmental law or regulation, inclusive of the provisions of the Americans with Disability Act of 1992, as amended. During the Term of the Lease, Tenant will be responsible for all compliance costs to the extent same constitute Operating Expenses under the Lease.

22. Certificate of Need

Landlord and Tenant understand that the establishment of a health care facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq., and thus Tenant cannot establish a medical office building on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a certificate of need (“CON”) permit from the Illinois Health Facilities and Services Review Board. The

lease shall not be binding on either party prior to approval of the CON permit and the lease shall contain a contingency clause indicating the agreement is not effective prior to CON permit approval.

23. Utilities:

All utilities serving the Building and Premises shall be separately metered so that Tenant shall directly pay the applicable utility. All costs associated with maintaining and repairing in the Premises meters following the Commencement Date shall be borne solely by the Tenant. Installation costs of meters shall be part of Landlord's construction obligations, and replacement if a capital cost under generally accepted accounting principles shall be the obligation of Landlord, and if expensible under generally accepted accounting principles shall be the obligation of Tenant

Subject to Landlord obtaining all governmental, HOA and project approvals, Tenant shall have the right to install backup generators on the exterior of the Building at its cost.

24. Exclusivity:

Tenant shall have the medical exclusive use and related services in the Building, the Phase II and any subsequent developments on Lot 20 during the Lease Term and any extensions thereof, subject to limitation in scope if Tenant does not timely undertake Phase II. The particulars on limitation shall be addressed in lease negotiations, as will issues of leasing to competitors of Tenant.

25. Expansion Options:

Tenant intends to expand into Phase II on Lot 20. The timing of the Phase II expansion shall be addressed during lease negotiations. The consequences of Tenant not expanding into Phase II shall be addressed during Lease negotiations.

26. Ongoing Right of First Offer to Purchase:

Tenant shall have an ongoing Right of First Offer ("ROFO") to Purchase the Premises (Premises includes land, Phase II, parking etc.) during the Lease Term and any extensions thereof, and a Right of First Opportunity to purchase the remainder of LOT 20 ("Lot 20 Land ROFO"). The aforesaid rights of opportunities shall be superior to any similar right held by TUF Partners LLC or its affiliates or any third party, and Landlord shall secure the subordination of same in written form and content acceptable to Tenant.

27. Third Party Approvals/Zoning Contingencies:

The Landlord shall be responsible for ensuring the Premises is properly zoned for Tenant's Use, and shall, with the exception of securing the CON, secure all third-party approvals for the development of the Premises, including all approvals for Landlord's work, Tenant's plans and specification, and all exterior signage from the Veridian Association and the Veridian Developer Review Committee, and as applicable to signage from Topgolf and Lot 10 Owner.

The following shall be contingencies to the Tenant's obligations under the Lease: (i) Amendment of documents of record (herein generally called "Declaration"), in form and content acceptable to Tenant, to exclude in perpetuity, Lot 20, the Building and any other buildings hereinafter situated on Lot 20, from the sign height restriction in the Declaration, (ii) written evidence to be procured by Landlord, and addressed to, Tenant, in form and substance reasonably acceptable to Tenant, from the Declarant under the Declaration (and any other person or entity whose consent is required thereunder), that the Premises Uses are not incompatible with the operation of a first-class retail development or family entertainment center and/or the "Topgolf Intended Use"; and that the thirty (30) foot height limitation pursuant to the Declaration does not encumber Lot 20, the Building and/or any improvement and/or building now or hereinafter existing on Lot 20 (or as to the building height limitation, a survey certified to Landlord and Tenant that LOT 20 is not in the View Corridor described in the Declaration; (iii) delivery to Tenant of a copy of the properly recorded corrective plat, evidencing to the satisfaction of Tenant that the Easement for Storm Water Management over the Lot 20 pursuant to Towne Center at Veridian Subdivision recorded September 13, 2018 as Document 1825613044, has been vacated, and any public easements crossing the Lot 20 have been vacated and/or relocated to the perimeter of the Lot 20; (iv) following Tenant's review and approval of same, delivery to Tenant of a copy of the properly recorded Lot 20 covenants, conditions and restrictions; (v) delivery to Tenant of a First American Title Insurance Company leasehold policy of title insurance insuring Tenant's leasehold interest in an amount to be determined, in form and substance, and with such endorsements, as Tenant shall reasonably require; (vi) Tenant's receipt of the CON; (vii) the written release in recordable form (acceptable to Tenant in its reasonable discretion) by TUF Partners, LLC, of its Right of First Refusal and its Right of First Offer, identified in Section 1 Right of First Refusal and Section 2 Right of First Offer in that instrument captioned "Memorandum of Purchase Options and Covenants" ("MPOC") dated June 25, 2019 with TUF Partners, LLC, said instrument recorded on June 27, 2019 with the Cook County Recorder of Deeds, and any and all other similar rights

wherever contained, so that Tenant's rights Right of First Offer Upon Sale and Right of First Opportunity to Purchase undeveloped portions of Lot 20 are superior and paramount to all others; (viii) the written amendment in recordable form (acceptable to Tenant its reasonable discretion) by Tenant and TUF Partners, LLC, of its repurchase right in Section 3 Repurchase Right of the MPOC, amending the provisions thereof on commencement of construction.

28. Encumbrances:

Landlord warrants that there are no rights or options which any other party may have on the property being offered other than that of TUF Partners, LLC.

29. Self – Insurance:

Notwithstanding anything to the contrary contained herein, the Tenant originally named herein and any assignee or subtenant which does not require the approval of the Landlord (the "**Original Tenant**") may, subject to the provisions of the Lease, fulfill its insurance obligations by self-insurance through an actuarially and fiscally sound bona fide program of self-insurance maintained by Tenant or an affiliate of Tenant established for such purposes, to the same extent as required by policies of insurance that Tenant is obligated to maintain hereunder.

30. Renewal Options:

Tenant shall have three (3) successive options of five (5) years each to extend the term of the lease.

The Renewal Option(s) Net Base Rate for all space then under lease by Tenant shall at the then Fair Market Value ("FMV"). The determination of the then prevailing fair market value rental rate shall be based upon leases to tenants of space of comparable size, quality, and financial strength in comparable buildings, which rent shall be computed as of the date of such renewal period and shall be determined as if the building is being leased for medical office purposes, taking into account Landlord's costs for tenant improvements, commissions, architectural fees, and other cash and non-cash tenant inducements such as rent abatement.

Tenant shall give Landlord no less than twelve (12) months' notice prior to each lease expiration date of its intent to exercise the applicable Renewal Options.

31. Appraisal Cause for Option Period:

In the event Landlord and Tenant cannot agree upon a fair market rental within thirty (30) days of the option notification period, then the determination of fair market rental shall be determined in a manner utilizing what is commonly referred to as baseball arbitration.

32. Sublet & Assignment:

Tenant reserves the right to substitute any of its subsidiaries or affiliates as occupants of the Premises without the Landlord's consent.

Tenant shall also have the right at any time to sublease or assign all or any portion of Tenant's Premises in the manner as generally acknowledged to date by Landlord and Tenant in written drafts exchanged to date.

In all cases, Tenant shall remain liable for all aspects of the Lease as if it remained the tenant.

33. Hold Over:

Tenant shall have no right to remain in possession of the Premises after the expiration of the Term. If Tenant continues in possession of the Premises after the expiration of the Term, this Lease shall continue under all the same terms and conditions hereof, except the Term shall be month-to-month (terminable by either Party upon thirty (30) days' notice to the other), and the Base Rent payable by Tenant to Landlord shall be one hundred fifty percent (150%) of the Base Rent payable in the last full month of the then current Term, with all other sums then payable hereunder prorated on a daily basis. Tenant shall indemnify, defend and hold the Landlord Indemnitees harmless from and against all claims arising or resulting directly or indirectly from Tenant's failure to timely surrender the Premises, including (a) any Rent payable by, or any loss, cost, or damages claimed by, any prospective tenant of the Premises, including loss of opportunity, and (B) Landlord's damages as a result of such prospective tenant rescinding or refusing to enter into the prospective lease of the Premises by reason of such failure to timely surrender the Premises.

34. Relocation Rights:

Landlord shall not have the right to relocate Tenant during the term of the lease or any renewal periods.

35. Signage:

Landlord agrees to obtain any and all signage rights and approvals for Tenant's signage required from the Village, the Association, Topgolf and the Lot 10 owner. Tenant shall be granted Building signage rights and exclusive Building monument signage rights. During the Term of the Lease, including any extensions, Landlord shall not grant future signage rights to (or rename the building, complex or land immediately around the building) in the name of any competitor of Tenant.

36. Subordination & Non-Disturbance:

Within twenty (20) days of request by Landlord or its designees, Tenant shall execute, subject to its review and approval which shall not be unreasonably withheld, conditioned or delayed, a subordination and non-disturbance agreement in Landlord's lender's

standard form therefor, which shall provide among other things for the subordination of Tenant's rights hereunder to the lien of any mortgage or deed of trust now or hereafter in force, against the Premises and that Tenant's right to possession and quiet enjoyment shall not be interfered with so long as Tenant is not in default of its obligations under this Lease beyond any applicable grace or cure period. In the event any proceedings are brought for foreclosure, or in the event of the exercise of any power of sale under any mortgage or deed of trust covering the Premises, Tenant shall attorn to the purchaser upon any such foreclosure or sale, and recognize such person as Landlord under this Lease and such purchaser or successor in interest to Landlord rights hereunder shall recognize and abide by the terms of this Lease and not disturb Tenant's possession of the Premises as long as Tenant is not in default beyond any applicable notice or cure period. Tenant shall not be named in any foreclosure or sale proceeding unless required under local Law. The foregoing subordination and attornment are self-operative and no further instrument of subordination and/or attornment will be necessary unless required by Landlord or the holder of a mortgage or deed of trust. In addition, the holder of any such mortgage or deed of trust shall have the unilateral option of subordinating its interest thereunder to this Lease, and Tenant shall attorn to the purchaser upon any such foreclosure or sale and recognize such person as Landlord under this Lease. Notwithstanding anything contained herein to the contrary, Tenant shall not be obligated to execute any document which increases its obligations or decreases its rights under this Lease or which restricts Tenant's use of the Premises for the Permitted Uses; further, any mortgagee or successor in interest to Landlord shall agree, in writing, to recognize this Lease and abide by the terms and not disturb Tenant's possession of the Premises as long as Tenant is not in default beyond any applicable notice or cure period.

37. Quiet Enjoyment:

The lease should contain a covenant of quiet enjoyment from the Landlord to the Tenant.

38. Self-Help:

If Landlord does not perform its required obligations under the Lease including payment of all or a portion of any allowances or other capital amounts, then, after notice from Tenant which shall include a ten (10) day cure period, Tenant shall have the right to cure or pay such amounts and seek recovery from Landlord.

39. Roof Rights:

Tenant shall be granted the use of roof space for satellite dishes, antennas, and other equipment/infrastructure supporting Tenant's operation and Landlord shall not charge Tenant rent for such use. However, Tenant shall take all reasonable steps to avoid penetrating the roof membrane or structure. In addition, Tenant shall be

responsible for the repair of the roof structure and/or membrane resulting from any penetration and shall return the roof to its original condition upon the termination of the Lease by lapse of time or otherwise. To minimize potential roof penetrations, the Tenant shall include as many roof structure penetrations as possible in its construction drawings.

40. Hazardous Materials:

Landlord shall represent and warrant that to the best of its knowledge, based on the February 22, 2019 report prepared by Pioneer Engineering & Environmental Services, Inc, the land parcel for the Building is free and clear of any existing hazardous materials. Landlord shall provide Tenant with a certified copy of said report in advance of lease execution.

41. Security Deposit:

None.

42. Confidentiality:

This proposal and all discussions related thereto shall be held in confidence by Landlord and Tenant and will not be discussed with third parties except on an "as needed" basis (e.g., attorneys).

43. Brokerage:

Landlord acknowledges that Colliers International is acting on behalf of Tenant. Collier's commission shall be paid by Tenant.

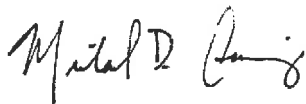
This Letter of Intent is intended solely as an expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive and formal lease agreement has been fully executed and delivered by the subject parties. The parties agree that this letter is not intended to create any agreement or obligation by either party to negotiate a definitive lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive executed lease agreement, and without any liability to the other party, either party may (1) propose different terms from those summarized herein, (2) enter negotiations with other parties and/or (3) unilaterally terminate all negotiations with the other party hereto.

Please provide your response to this letter to the undersigned within one (1) week from the date of this letter.

Should you have any questions or comments, please do not hesitate to call.

Regards,

COLLIERS INTERNATIONAL



Michael D. Cummings
Principal
Colliers International

Boler Properties, LLC



Michael J. Boler
President

Section I, Identification, General Information, and Certification
Site Ownership

Legal Description

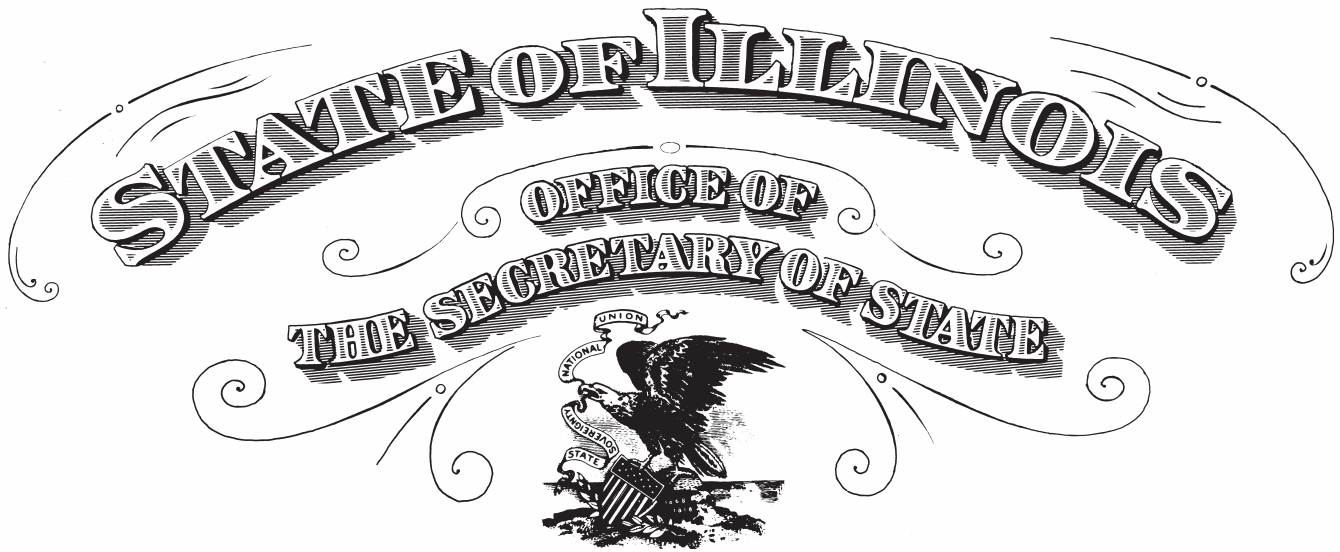
Lot 20 in the Towne Center at Veridian Plat of Subdivision #3, according to the Plat thereof recorded February 25, 2020 as Document No. 2005616015 being a Subdivision of Lots 11 and 12 in the Towne Center at Veridian, according to the Plat thereof recorded on September 13, 2018 as Document No. 1825613044 in Cook County, Illinois.

Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Certificate of Good Standing for Northwest Community Hospital is attached at Attachment – 3.

File Number

3408-231-6

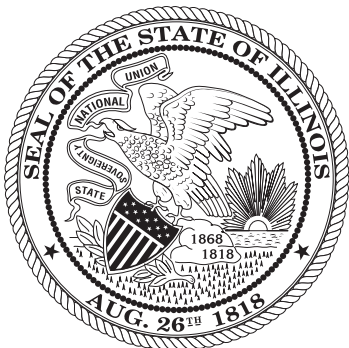


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of SEPTEMBER A.D. 2021 .



Jesse White

SECRETARY OF STATE

Authentication #: 2124600870 verifiable until 09/03/2022

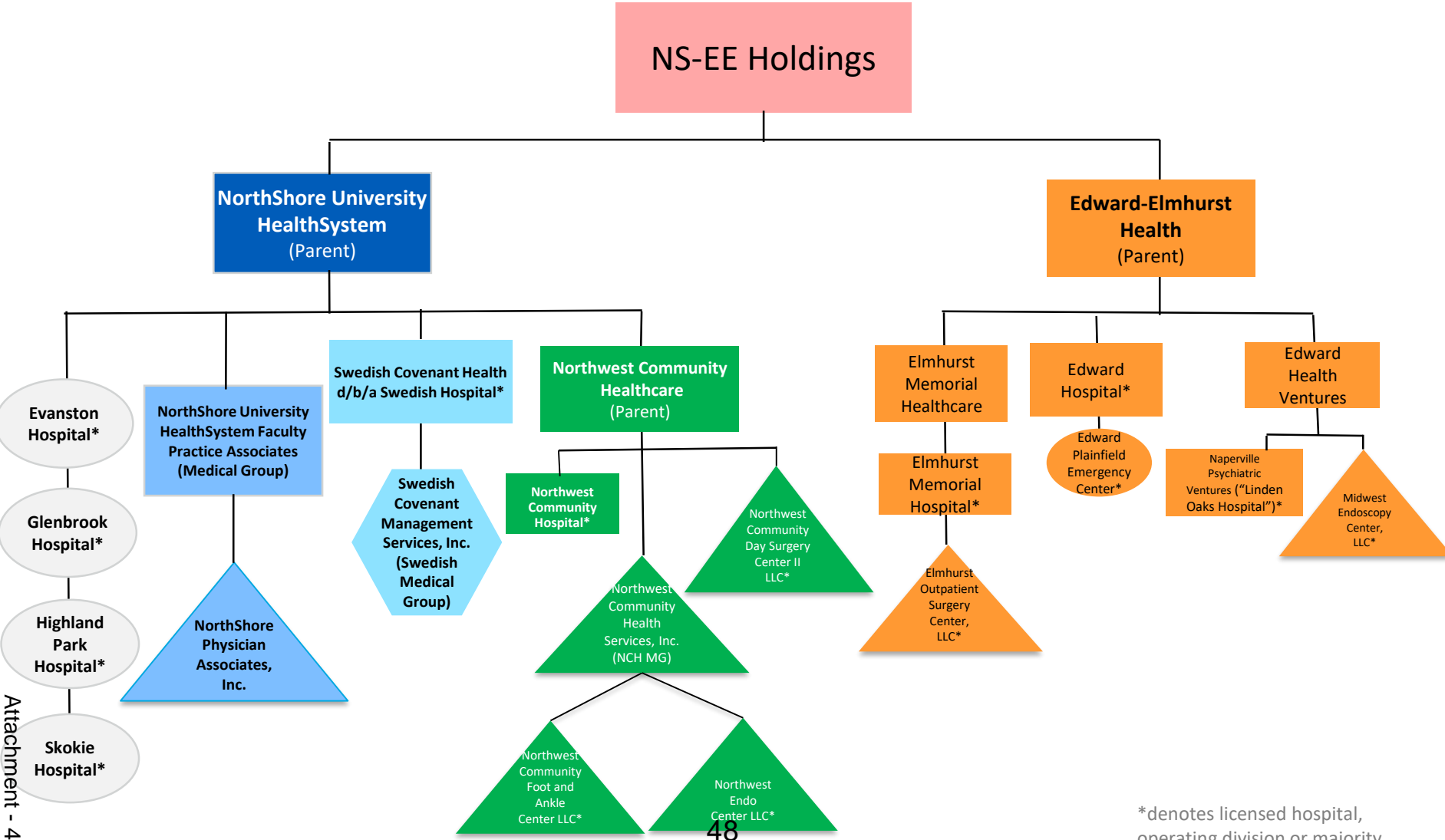
Authenticate at: <http://www.ilsos.gov>

Section I, Identification, General Information, and Certification
Organizational Relationships

The organization chart for Northwest Community Hospital is attached at Attachment – 4.

NorthShore - Edward-Elmhurst Health

Corporate Organizational Chart



Attachment - 4

*denotes licensed hospital, operating division or majority owned facility

Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the NCH Cancer Center complies with the requirements of Illinois Executive Order #2006-5. The proposed cancer center will be located on the former campus of Motorola Solutions, Inc. in Schaumburg, Illinois. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5, the interactive map for Panel 17031C0191J shows this area is not located within a flood plain.

National Flood Hazard Layer FIRMette

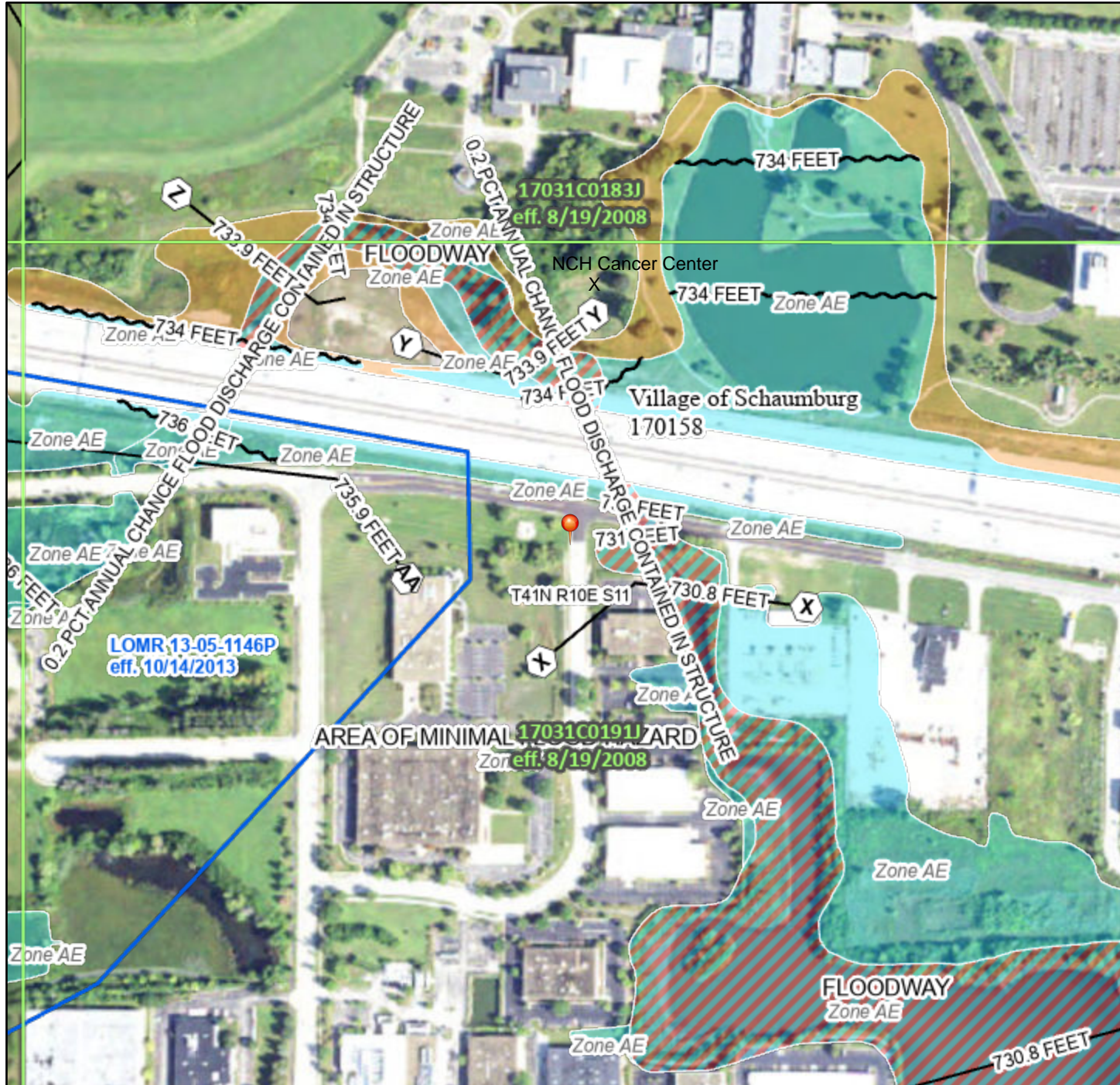


Legend

#22-018

88°3'46"W 42°3'51"N

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT



- SPECIAL FLOOD HAZARD AREAS**
- Without Base Flood Elevation (BFE) Zone A, V, A99
 - With BFE or Depth Zone AE, AO, AH, VE, AR
 - Regulatory Floodway
- OTHER AREAS OF FLOOD HAZARD**
- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
 - Future Conditions 1% Annual Chance Flood Hazard Zone X
 - Area with Reduced Flood Risk due to Levee. See Notes. Zone X
 - Area with Flood Risk due to Levee Zone D
- OTHER AREAS**
- NO SCREEN Area of Minimal Flood Hazard Zone X
 - Effective LOMRs
 - Area of Undetermined Flood Hazard Zone D
- GENERAL STRUCTURES**
- Channel, Culvert, or Storm Sewer
 - Levee, Dike, or Floodwall
- OTHER FEATURES**
- 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
 - 17.5 Coastal Transect
 - Base Flood Elevation Line (BFE)
 - Limit of Study
 - Jurisdiction Boundary
 - Coastal Transect Baseline
 - Profile Baseline
 - Hydrographic Feature
- MAP PANELS**
- Digital Data Available
 - No Digital Data Available
 - Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/21/2022 at 6:45 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director

Cook County PLEASE REFER TO: SHPO LOG #002032122
Schaumburg
NW of US 90 & N. Meacham Road / Lot 20 Towne Center
IHFSRB, Polsinelli-82634975.1
New construction, Northwest Community Hospital Cancer Center

April 6, 2022

Anne Cooper
Polsinelli
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606-1599

Dear Ms. Cooper:

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed please contact Jeff Kruchten, Chief Archaeologist at 217/785-1279 or Jeffery.kruchten@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer

Section I, Identification, General Information, and Certification
Project Costs

Use of Funds	Reviewable	Non-Reviewable	Total
Preplanning Costs	\$0	\$225,000	\$225,000
Legal	\$0	\$125,000	\$125,000
Development & Feasibility Studies	\$0	\$100,000	\$100,000
New Construction Costs	\$5,903,920	\$23,129,539	\$29,033,459
Contingencies	\$590,392	\$940,749	\$1,531,141
Architectural/Engineering Fees	\$125,000	\$75,000	\$200,000
Structural, Vaults	\$125,000	\$75,000	\$200,000
Consulting and Other Fees	\$0	\$125,000	\$125,000
City Permits	\$0	\$125,000	\$125,000
Movable and Other Equipment (not in construction contracts)	\$23,330,000	\$4,920,000	\$28,250,000
Fixed Medical	\$19,725,000	\$2,775,000	\$22,500,000
Furniture/Fixtures/Equipment	\$1,960,000	\$1,790,000	\$3,750,000
Information Technology	\$1,645,000	\$355,000	\$2,000,000
Bond Issuance Expense	\$598,986	\$588,306	\$1,187,292
Net Interest Expense During Construction	\$748,733	\$735,382	\$1,484,115
Fair Market Value of Leased Space or Equipment	\$5,955,715	\$18,873,804	\$24,829,519
Total Uses of Funds	\$37,252,746	\$49,612,780	\$88,865,526

Section I, Identification, General Information, and Certification
Active CON Permits

NS-EE Holdings has three active CON permits:

Northwest Community Hospital (Proj. No. 19-011)

- CON permit approved June 4, 2019
- Financial commitment occurred on April 8, 2020
- Project completed; final audited cost report to be submitted prior to consideration of this application for certificate of need permit.

Skokie Hospital (Proj. No. 20-008)

- CON permit approved April 7, 2020
- Financial commitment occurred on June 17, 2020
- Project completion anticipated on December 15, 2023

NorthShore University HealthSystem, Glenbrook Hospital (Proj. No. 21-016)

- CON permit approved September 14, 2021
- Financial commitment will occur before the required commitment date.
- Project completion is anticipated on December 31, 2024

Section I, Identification, General Information, and Certification
Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Linear Accelerator Vaults	\$1,832,536		4,570	4,570			
Cyberknife Vault	\$916,267		2,285	2,285			
HDR Procedure Room	\$916,267		2,285	2,285			
Imaging							
CT Scan	\$65,951		420	420			
MRI	\$78,513		500	500			
Ultrasound	\$39,257		250	250			
X-Ray	\$51,034		325	325			
Infusion Center	\$1,446,149		7,870	7,870			
Laboratory	\$91,877		500	500			
Pharmacy	\$466,069		3,100	3,100			
Total Reviewable	\$5,903,920		22,105	22,105			
NON-REVIEWABLE							
Registration	\$866,229		2,990	2,990			
Research/Clinical Trials	\$1,738,252		6,000	6,000			
Tumor Board	\$4,389,086		15,150	15,150			
Medical Oncology/ Specialty Clinics	\$5,890,066		20,331	20,331			
Other Non-Clinical	\$1,850,998		6,092	6,092			
Common Areas	\$2,143,596		7,055	7,055			
Circulation	\$6,251,312		25,277	25,277			
Total Non-Reviewable	\$23,129,539		82,895	82,895			
Total Construction	\$29,033,459		105,000	105,000			
Other Project Costs							
Preplanning	\$225,000						
Contingencies	\$1,531,141						
Architectural/ Engineering Fees	\$200,000						
Consulting and Other Fees	\$125,000						
Moveable and Other Equipment	\$28,250,000						
Bond Issuance Expense	\$1,187,292						
Net Interest Expense During Construction	\$1,484,115						
Fair Market Value of Leased Space	\$24,829,519						
Total Other Project Costs	\$57,832,067						
Total Project Costs	\$86,865,526						

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(a), Project Purpose, Background, and Alternatives

The Applicants are fit, willing, and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of a five-story cancer center to be located in Schaumburg, Illinois, approximately three miles from Northwest Community Hospital's main campus.

The Cancer Care Program begins with its physicians. The NCH Medical Group primary care physicians follow the cancer prevention and early detection guidelines of the American Cancer Society. Those Guidelines address the populations for whom testing is recommended or not recommended, the recommended tests and testing intervals, and the benefits, limitations, and harms associated with testing for early cancer detection.

NCH Medical Group physicians also counsel patients on lifestyle choices that will reduce the likelihood of a cancer diagnosis including smoking cessation, reduction of alcohol consumption, improving fitness and nutrition to reduce sedentary activities and increase physical activity to a more active lifestyle. At least 18% of all cancers diagnosed in the US are related to excess body weight, physical inactivity, excess alcohol consumption, and/or poor nutrition, and thus could be prevented. Adopting healthy behaviors greatly reduce a person's lifetime risk of developing or dying of cancer as well as lowering the risk of developing heart disease and diabetes.

NCH focuses on providing patients the best preventive care possible. Regular screening and advanced diagnostics help NCH physicians identify cancer at the earliest stage possible. NCH's highly skilled team of board-certified medical and radiation oncologists, surgeons, radiologists, other specialists and advanced practitioners will work with patients to create a personalized, comprehensive treatment plan focused on the best possible outcome. Additionally, its breast, lung, colorectal, prostate and pancreatic cancer patients' care teams also include a dedicated patient navigator. This specially trained nurse helps patients understand their treatment options, assists with scheduling tests and appointments, and provides resources and support.

Patients are screened for the following cancers based on their age and other risk factors: breast, colon, prostate, and lung.

Breast Cancer

Dedicated to breast cancer prevention, NCH places a major emphasis on early detection, offering state-of-the-art imaging. NCH Breast Center was the first in the Chicago area to offer automated breast ultrasound, or ABUS, 3D screenings—the only technology developed and approved by the FDA for screening women with dense breast tissue. Other imaging services include 3D mammogram, screening breast ultrasound and breast MRI. These advanced imaging services combined with a team of radiologists with substantial experience in interpreting breast imaging enhance NCH's ability to detect breast cancer at its earliest and most treatable stages. Same-day screening mammogram appointments are often available, as well as fast-track scheduling for diagnostic procedures and appointments with breast specialists.

NCH performs more than 42,000 mammograms a year. Every woman who comes to the NCH Breast Imaging Center for screening receives a complimentary risk assessment before her mammogram is performed. To continue its legacy of excellence, NCH developed a High-Risk Breast Program, which uses the latest technology and evidence-based medicine to

evaluate patients' personal and family histories to determine if they may have a higher-than-average risk for developing breast cancer.

Colon Cancer

Many people do not realize that colorectal cancer is highly preventable. The American College of Gastroenterology recommends colonoscopy screenings beginning at age 45 for all patients. Considerations for patients' medical and family histories may also indicate they require a screening earlier in life. Colonoscopies have long been considered the gold standard for colorectal cancer screening and detection. Unlike other cancer screenings which can only detect a problem, a colonoscopy could prevent colorectal cancer by removing precancerous polyps during the exam. Removal of polyps prevents up to 90 percent of colorectal cancer.

Both the NCH GI Center and Endoscopy Center in Arlington Heights use state-of-the art diagnostic technology and high-definition imaging, which has resulted in a 57 percent detection rate for polyps, well above the national benchmark of 25 percent. NCH's comprehensive pathology lab provides rapid results determining the severity (stage) of the cancer, the genomic and molecular profile of the cancer and any additional features that could help determine therapy. NCH's pathology resources allow its physicians to begin any necessary colorectal cancer treatment as early as possible.

Prostate Cancer

Prostate cancer is usually asymptomatic in the early stages, making screening all the more important. In accordance with American Cancer Society Guidelines, NCH begins routine blood testing of men over 50 with an average risk for prostate-specific antigen (PSA). This test helps determine the amount of PSA in a man's blood. Men with increasingly high levels of PSA may be at greater risk of developing prostate cancer. A digital rectal examination, during which a doctor manually checks the prostate for any unusual lumps, may also be advised for individuals with a history of the disease, as well as African American men, who have a higher risk of developing prostate cancer than the general population.

While prostate cancer can be suspected based on these tests, a prostate biopsy is needed to make a definitive diagnosis. Often NCH will obtain imaging studies, including multi-parametric MRI to help make biopsies more accurate. If a diagnosis of prostate cancer is made, clinical information including the PSA, clinical stage and grade of the cancer are all factors considered in creating a personalized prostate cancer treatment plan.

Low-risk prostate cancers may not warrant active treatment for a while and sometimes not at all. Therefore, NCH also has an Active Surveillance Program to monitor patients with slow-growing, low-risk prostate cancers.

Lung Cancer

NCH's emphasis on early detection allows its experienced specialists to diagnose a greater proportion of lung cancer at an early stage, when it can be treated with minimally invasive techniques and has a much higher chance of cure. It is an active participant in the International Early Lung Cancer Action Project (I-ELCAP) and an advocate for low dose annual CT scanning for high-risk patients. The use of annual screening CT scans for people at high risk for developing lung cancer has shown in multiple international clinical trials to reduce the risk of dying from lung cancer by up to 40 percent.

NCH Lung Nodule Clinic identifies and guides patients who have lung nodules and who would benefit from a multidisciplinary approach to shift the focus from diagnosis and treatment of disease to prevention and early detection of disease. Patients are identified through low-dose CT, incidental radiologic findings and referrals. Cases are presented at the thoracic conference for lung nodule follow up recommendations. The lung cancer nurse navigator communicates the recommendations with the referring physician and patient and will assist patients and facilitate the appropriate follow-up care, along with smoking cessation counseling as applicable.

Patient Support

To assist patients fighting cancers improve their sense of well-being and comfort, NCH offers various support groups led by an oncology social worker. The support programs include programs for patients with a particular cancer diagnosis, e.g., breast, head and neck, leukemia, lymphoma, pancreas, etc. NCH also offers a Crafts and Cancer support group where patients can work on projects, learn about new crafts while sharing and enjoying the company of others. Survivorship classes are open to patients and their families that have been affected by cancer.

These and other programs provide NCH patients with the best possible cancer care close to home.

1. A list of health care facilities owned or operated by NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Hospital in Illinois, including licensing and certification information is attached at Attachment – 11A.
2. Letters from the Applicants certifying no adverse action has been taken against any facility owned or operated by the Applicants in Illinois during the three years prior to filing this application is attached at Attachment – 11C.
3. An authorization permitting the HFSRB and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH or other State agencies is attached at Attachment – 11C.

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health			
Name	Address	License No.	Accreditation Identification No
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, Illinois 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pfingsten Road Glenview, Illinois 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, Illinois 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, Illinois 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, Illinois	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656
Edward Hospital	801 South Washington Street Naperville, Illinois 60540	0003905	7394
Elmhurst Memorial Hospital	155 East Brush Hill Road Elmhurst, Illinois 60126	000575(1)	7341
Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital	852 South West Street Naperville, Illinois 60540	0005058	4973
Edward Plainfield Emergency Center	24600 West 127 th Street Plainfield, Illinois 60585	22003	257710
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, Illinois 60005	7003210	117454
Northwest Community Foot and Ankle Center	1455 East Golf Road Des Plaines, Illinois 60016	7003213	120139

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health Health Care Facilities with 5% or Greater Ownership		
Name	Address	License
Ravine Way Surgery Center	2350 Ravine Way #500 Glenview, Illinois 60025	7003080
River North Same Say Surgery Center	1 East Street #300 Chicago, Illinois 60611	7002090
Elmhurst Outpatient Surgery Center	1200 South York Road, Suite 1400 Elmhurst, Illinois 60126	7002330
Midwest Endoscopy	3811 Highland Avenue Downers Grove, Illinois 60515	7001076

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health Health Care Facilities with 5% or Greater Ownership		
Name	Address	License
DMG Surgical Center	2725 Technology Drive Lombard, Illinois 60148	7003023
Plainfield Surgery Center	24600 West 127 th Street, Building C Plainfield, Illinois 60585	7003135
Salt Creek Surgery Center	530 North Cass Avenue Westmont, Illinois 60559	7003189

Northwest Community Hospital			
Name	Address	License No.	Accreditation Identification No
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, Illinois 60005	7003210	117454
Northwest Community Foot and Ankle Center	1455 East Golf Road Des Plaines, Illinois 60016	7003213	120139



Illinois Department of HF 124306
PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0001701
General Hospital		
Effective: 01/01/2022		

Northwest Community Hospital
800 W Central Road
Arlington Heights, IL 60005

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

#22-018

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/31/2022

Lic Number 0001701

Date Printed 11/22/2021

Northwest Community Hospital

800 W Central Road
Arlington Heights, IL 60005

FEE RECEIPT NO.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition



January 3, 2018

Stephen Scogna
Chief Executive Officer

Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

Joint Commission ID #: 4656
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 01/03/2018

Dear Mr. Scogna:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning October 21, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

A handwritten signature in black ink that reads 'Mark Pelletier'.

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

March 25, 2022

Ms. Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Adverse Action and Access to Documents

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health in the State of Illinois during the three-year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Gerald P. Gallagher
President and Chief Executive Officer
NS-EE Holdings d/b/a
NorthShore – Edward-Elmhurst Health

Subscribed and sworn to me
This 25th day of March, 2022



Notary Public



Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

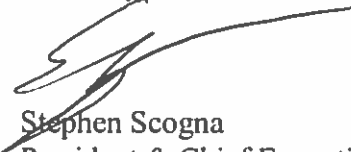
Re: Adverse Action and Access to Documents

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by Northwest Community Hospital in the State of Illinois during the three-year period prior to filing this application.

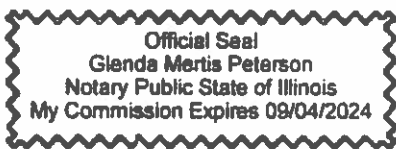
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Stephen Scogna
President & Chief Executive Officer
Northwest Community Hospital

Subscribed and sworn to me
This 13 day of APRIL, 2022


Notary Public

Section III, Project Purpose, Background and Alternatives – Information Requirements **Criterion 1110.110(b), Project Purpose, Background, and Alternatives**

Purpose of the Project

Founded in 1959, Northwest Community Healthcare (“NCH”) is a not-for-profit healthcare system dedicated to providing outstanding care in the northwest suburbs. Its comprehensive, patient-centered system of care consists of a 509-bed hospital, 23 physician offices, 5 immediate care centers, 7 physical rehab sites, and 13 lab locations. NCH serves more than 200,000 outpatients and treats more than 20,000 inpatients annually, providing personalized, high quality care from managing annual wellness visits to chronic and complex medical conditions.

In January 2021, NCH joined NorthShore University HealthSystem. Headquartered in Evanston, NorthShore is a fully integrated healthcare delivery system that includes 6 hospitals—Evanston, Glenbrook, Highland Park, Skokie, Swedish and Northwest Community Hospital. With the recent merger with Edward-Elmhurst Health, the new health system includes nine hospitals with nearly 2,400 beds, 25,000 team members, more than 6,000 best-in-class physicians and more than 300 office locations, serving more than 4.2 million residents in northeast Illinois. The new health system is designed to serve the community and to put patients first, providing a safe, seamless and personal experience.

NCH has a proud and longstanding tradition of outreach to the medically underserved within its northwest suburban service areas, and the past year was no different. What was different was NCH’s ability to work swiftly and safely to meet the emerging needs of the community due to the COVID-19 pandemic. Throughout the multiple surges of the virus, NCH continues to care for the medically underserved of the community. As national and local attention focuses on vaccine availability and distribution, NCH continues to lead education efforts to promote vaccine adoption and supports its community’s healing by recognizing social, economic and emotional impacts of the virus.

According to the NCH 2021 Community Health Needs Assessment (“CHNA”), participants ranked access to care as one of the top health concerns. The CHNA showed that NCH’s service area, which incorporates most of the NCH Cancer Center service area has a higher uninsured rate for both adults and children than in the state, as well as higher percentage of individuals with limited English proficiency, which often makes accessing health care difficult. Further, unemployment rates are higher in the NCH service area than both the state and U.S., and public transportation is extremely limited. Due to these factors, NCH will focus on “Access to Care for the Under-Resourced” as a key priority area for the next three years.²

1. Document the Project will provide health care services that improve the health care or well-being of the market area population to be served.

The purpose of the NCH Cancer Center Project is to further NCH’s dedication to patient-centered care in the prevention, early detection, and treatment of cancer in northwest suburban Cook County. By building a dedicated ambulatory cancer center approximately three miles from the NCH main campus, the Applicants will: (1) meet the

² Northwest Community Hospital, 2021 Community Health Needs Assessment 23 (Jun. 30, 2021) available at <https://www.nch.org/wp-content/uploads/2021-CHNA-2.pdf> (last visited Feb. 23, 2022).

increased need as the incidence of cancer rises, (2) ease the burden and stress on patients and their families by simplifying access and navigation, (3) coordinate seamless transitions and rapid response to the patient’s changing needs, (4) make the best care even better through efficient collaboration and treatment, (5) provide a positive environment that uplifts both patients and families, and (6) create a space that can adapt quickly to accommodate both medical and technical advances as cancer services evolve with new treatment and equipment. By building expanded, state-of-the-art facilities, the Applicants will further enhance the quality of cancer care delivered, expand patient access to the latest clinical techniques, improve the patient experience, enhance provider retention and recruitment, yield efficiencies by consolidating services under one roof and create construction and healthcare jobs.

NCH conducts clinical trials to evaluate the effectiveness and safety of emerging technologies, medicines, treatments and therapies. Patients benefit by having access to some of the latest approaches and treatments for serious or challenging medical conditions—without having to leave the community. With interdisciplinary team of board-certified oncologists, radiologists, pathologists, surgeons, psychologists, pharmacists and nurses, NCH is at the forefront of the development and implementation of lifesaving therapeutics and techniques in the treatment of cancer. It serves as a destination for cancer care in northwest suburban Cook County.

Since cancer diagnoses are complex and anxiety-inducing for patients, the proposed facility will be designed in a way that makes navigating the continuum of cancer care as simple, welcoming and efficient as possible. The graphic below details the full range of services that will be offered in a personalized manner within the NCH cancer center facility. Offering all of these elements in one easily accessible location will facilitate communication among clinicians, enable convenience for patients and promote quality and patient safety.



Cancer is the second leading cause of mortality nationally and represents one of the most life-altering and costly health problems in the United States. One in eight women will develop breast cancer, one in nine men will be diagnosed with prostate cancer, and one in five people will develop skin cancer in their lifetimes. While the prognosis for many cancers has improved over the years, the rates of diagnosis have not. In 2022, over 1.9 million new cancer cases are expected to be diagnosed in the US with Illinois residents accounting for over 75,000 of those projected diagnoses.³ Currently, there are more than 134,000 patients within NCH’s primary service area⁴ that utilize its outpatient oncology services and an additional 400,000 people from its secondary service area⁵

³ American Cancer Society, Cancer Facts & Figures 2022 1 (2022) available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf> (last visited Feb. 15, 2022).

⁴ NCH’s primary service area is generally defined as Arlington Heights, Mount Prospect and Rolling Meadows.

⁵ NCH’s secondary service area stretches north to Mundelein, west to , south to Schaumburg and Elk Grove Village and east to Northbrook.

that seek outpatient cancer care at NCH. Over the next five years, the need for oncology services is predicted to grow 7% in NCH's primary geographic service area (GSA) and 10% in its secondary service area.

The NCH Cancer Center will provide a highly accessible and visible center of excellence that will address both the projected growth in cancer and the fragmentation of care across the region. By developing new space, investing in technologies, and allowing clinicians to collaborate further, NCH will improve the healthcare delivery system and the overall well-being of the GSA population to be served. Further, the Project will support advanced techniques such as pharmacogenomics, the Genomic Health Initiative, groundbreaking Genetic Risk Score, and NGS/molecular diagnostics. These programs allow specialized physicians to provide personalized care that is tailored to each patient's unique makeup and diagnosis. By doing so, NCH will improve outcomes among cancer patients in its GSA.

Outpatient cancer care is expected to increase in the future due to advances in treatment and technology. Establishing a stand-alone cancer center will eliminate competition for appointment time and space within the hospital. Moreover, it will reduce the risk of exposing cancer patients with weakened immune systems to other illnesses and infections. Finally, having all cancer services in one convenient location can minimize stress, especially for patients who require daily treatments.

Cancer is consistently a top health concern for communities served by NCH, and cancer screening and education, survivorship and tobacco cessation continue to be priorities for NCH.⁶ In FY2019 to FY 2021, NCH annually provided an average of over 100 free mammograms to uninsured women over 40 as part of its Gift-A-Mammogram program; over 775 lung screenings for early detection and treatment; nearly 1,600 client encounters through its various support groups, classes, and survivor events to promote emotional healing after a cancer diagnosis; and over 300 client encounters as part of its tobacco cessation program.⁷ Not only will further specialized cancer services improve the Applicants' ability to serve NCH's patients, but the program will also enhance the expansion of community-based cancer screening, prevention and survivorship programs. As part of its FY 2022 to FY 2024 Community Health Implementation Plan, NCH plans to annually provide 150 free mammograms, 1,000 lung screenings; \$50,000 in financial assistance to cancer patients struggling to pay rent, utilities, and other living expenses through its Cancer/Lung Patient Assistance Fund; 1,500 client encounters through its various support groups, classes, and survivor events; and 400 client encounters as part of its tobacco cessation program.⁸

NCH's vision for cancer care includes alleviating patients' stress through communication among professionals taking care of them and providing care close to home. Teamwork is a hallmark of NCH's cancer program. Its team of clinicians meet regularly to ensure the best care is provided to patients. Consolidating everyone under one roof will

⁶ Northwest Community Hospital, 2018 Community Health Needs Assessment 17 *available at* https://www.nch.org/wp-content/uploads/NCH_CHNA_Summary_2018.pdf (last visited Apr. 1, 2022); Northwest Community Hospital, 2021 Community Health Needs Assessment 21 *available at* <https://www.nch.org/wp-content/uploads/2021-CHNA-2.pdf> (last visited Apr. 1, 2022).

⁷ Northwest Community Hospital. Community Health Implementation Plan FY19 – FY2 5 *available at* <https://www.nch.org/wp-content/uploads/2019-2021-Implementation-Plan-FY20.pdf> (last visited Apr. 1, 2022).

⁸ Northwest Community Hospital. Community Health Implementation Plan FY22 – FY24 5 *available at* <https://www.nch.org/wp-content/uploads/2022-2024-Implementation-Plan.pdf> (last visited Apr. 1, 2022).

enhance the ability of team members to work collaboratively. NCH's team approach is also on the forefront of precision medicine, an approach to disease prevention and treatment that takes into account a patient's individual variation in genes, environment and lifestyle. NCH teams utilize precision medicine to target therapy and provide the best options for patients' specific care needs.

2. Define the planning area or market area, or other relevant area, per the applicant's definition.

A map of NCH's service area is attached as Attachment- 12. NCH's primary service area consists of Arlington Heights, Palatine, Mount Prospect and Rolling Meadows, and its secondary service area stretches far to the north and modestly to the west, east and south of NCH.

3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.

Cancer is the second leading cause of mortality nationally and represents one of the most expensive health problems in the United States. One in eight women will develop breast cancer, one in nine men will be diagnosed with prostate cancer, and one in five people will develop skin cancer in their lifetimes. While the prognosis for many cancers has improved over the years, the rates of diagnosis have not. In 2022, over 1.9 million new cancer cases are expected to be diagnosed in the US with Illinois residents accounting for over 75,000 of those projected diagnoses.⁹ Currently, there are more than 134,000 patients within NCH's primary service area¹⁰ that utilize its outpatient oncology services and an additional 400,000 people from its secondary service area¹¹ that seek outpatient cancer care at NCH. Over the next five years, the need for oncology services is predicted to grow 7% in NCH's primary GSA and 10% in its secondary service area.

While NCH has historically done a good job of coordinating care, many times leading the way, there is always room for improvement. Philosophically, programmatically, and physically, the cancer program can align care better. The growth in cancer diagnosis and the fragmentation of care across the region affords NCH with an opportunity to establish a center of excellence that will address these issues. Further, establishing a stand-alone cancer center will eliminate competition for appointment time and space within the hospital. It will reduce the risk of exposing cancer patients with weakened immune systems to other illnesses and infections. Finally, having all cancer services in one convenient location can minimize stress, especially for patients who require daily treatments.

By developing new space, investing in technologies, and allowing clinicians to collaborate further, NCH will improve the health care delivery system and the overall well-being of the GSA population to be served. Further, the Project will support advanced techniques such as pharmacogenomics, the Genomic Health Initiative, groundbreaking Genetic Risk Score, and NGS/molecular diagnostics. These programs

⁹ American Cancer Society, Cancer Facts & Figures 2022 1 (2022) available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf> (last visited Feb. 15, 2022).

¹⁰ NCH's primary service area is generally defined as Arlington Heights, Mount Prospect and Rolling Meadows.

¹¹ NCH's secondary service area stretches north to Mundelein, west to , south to Schaumburg and Elk Grove Village and east to Northbrook.

allow specialized physicians to provide personalized care that is tailored to each patient's unique makeup and diagnosis. By doing so, NCH will improve outcomes among cancer patients in its GSA.

The past 20 years have seen rapid advances in cancer prevention and treatment, including improved screening technology, vaccinations, precision and personalized medicine (PPM), gene and immunotherapies, and minimally invasive surgical techniques. Further, SG2 predicts technological advances and clinical innovation will continue to shape utilization within the cancer service line going forward. These rapid advances in cancer care have far outpaced the NCH's current capabilities. Responding to the evolution of the cancer service line requires care redesign and investment to allow for greater care coordination and an advanced care delivery model to better serve the community's needs.

The proposed cancer center will also help to address the negative impact that the COVID-19 pandemic has had upon cancer intervention (screening and treatment rates). The pandemic's impact has led to decreases in diagnosis and treatment and is expected to result in thousands of cases of later stage diagnoses and associated co-morbidities and death which could have otherwise been prevented. According to the CDC, screening rates for breast and cervical cancers fell by more than 80%, with the most severe declines occurring in populations of low-income women of color. The threat of worsening cancer outcomes has been recognized by the international cancer research community as a leading priority. Early projections showed that if these trends continue, mortality for these cancer types is expected to increase by nearly 10,000 in the next 10 years in the US alone as a result of missed cancer screenings and treatment.

4. Cite the sources of the documentation.

Illinois Health Facilities and Services Review Board, Individual ASTC Profiles available at <https://www.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx> (last visited February 15, 2022).

American Cancer Society, Cancer Facts & Figures 2022 1 (2022) *available at* <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf> (last visited Feb. 15, 2022)

Northwest Community Hospital, 2021 Community Health Needs Assessment *available at* <https://www.nch.org/wp-content/uploads/2021-CHNA-2.pdf> (last visited Feb. 24, 2022).

Sg2's Cancer Service Line Outlook *available at* <https://intel.sg2.com/resource-types/publications/Service-Line/Cancer-Outlook/> (last visited February 15, 2022).

Information on the impact of missed screenings on vulnerable communities *available at* <https://www.uchicagomedicine.org/forefront/cancer-articles/cancer-and-covid-19-the-impact-of-missed-screenings-in-vulnerable-communities> (last visited February 15, 2022).

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The Project will improve quality, access, patient safety, operational efficiency, physician satisfaction, recruitment and retention by replacing outdated equipment and facilities

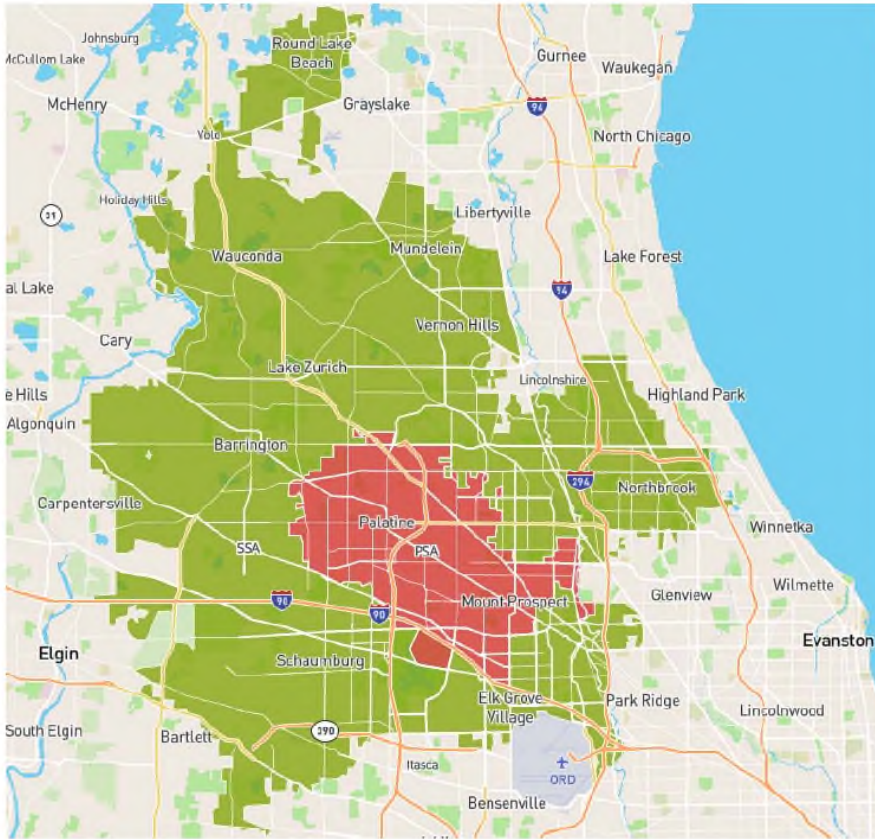
with a larger, state-of-the-art, dedicated cancer center. Further, by co-locating NCH's cancer services within a stand-alone building, the Project will move forward research integration efforts, encourage collaboration, create efficiencies, simplify wayfinding for patients and improve quality and physician satisfaction. Importantly, by shifting services to centrally located Schaumburg, the Project will improve accessibility for physicians and medical personnel and allow patients to receive the best possible cancer care close to home. In doing so, the Project will also provide a better option for the large percentage of patients that have historically gone to downtown Chicago for care. Research has established that patients living farther from health care facilities have worse health outcomes, longer lengths of hospital stay, non-attendance at follow-up visits, higher rates of chronic disease-related deaths, lower five-year cancer survival rates, and increased overall disease burden.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The Applicant's prevailing objectives are to improve cancer care in terms of quality and access for patients in the GSA. Specifically, the goals of the Project are:

- Meet the increased need as the incidence of cancer rises,
- Ease the burden and stress on patients and their families by simplifying access and navigation,
- Coordinate seamless transitions and rapid response to the patient's changing needs,
- Make the best care even better through efficient collaboration and treatment,
- Provide a positive environment that uplifts both patients and families, and
- Create a space that can adapt quickly to accommodate both medical and technical advances as cancer services evolve with new treatment and equipment.

These goals can be addressed at the time of project completion.



Primary Service Area (PSA)	
60004	Arlington Heights
60005	Arlington Heights
60008	Rolling Meadows
60056	Mt. Prospect
60067	Palatine
60074	Palatine
Secondary Service Area (SSA)	
60007	Elk Grove Village
60010	Barrington
60015	Deerfield
60016	Des Plaines
60018	Des Plaines
60042	Island Lake
60047	Lake Zurich/Kildeer
60060	Mundelein
60061	Vernon Hills
60062	Northbrook
60070	Prospect Heights
60073	Round Lake
60084	Wauconda
60089	Buffalo Grove
60090	Wheeling
60107	Streamwood
60133	Hanover Park
60169	Hoffman Estates
60172	Roselle
60173	Schaumburg
60192	Hoffman Estates
60193	Schaumburg
60194	Schaumburg
60195	Schaumburg

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(d), Project Purpose, Background, and Alternatives

After a thoughtful deliberation process, the Applicants determined that the planned Project is, in balance, the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative evaluates each alternative that was considered:

1. Continue to address projected demand in existing cancer center space (\$0)

The Applicants considered doing nothing and continuing to provide cancer services in the existing space. This option was rejected due to space constraints that prevent the co-location of cancer center services and limit the ability of clinicians to practice alongside one another. Given the degree of interdisciplinary care involved in cancer treatment, combining these services into one easily accessible location is critical to fostering communication among providers and enabling convenience for patients.

Furthermore, this alternative would not allow the Applicants to design the cancer center space with a focus on patient safety related to COVID-19 pandemic. Currently, immunocompromised cancer patients are treated in the basement of the hospital and must enter, travel, and exit through hospital corridors with other patients and staff. The planned Project would limit the potential for exposure to the novel coronavirus by separating cancer services from other patient populations and incorporating a number of design elements aimed at reducing transmission, including private infusion rooms.

For these reasons, the alternative of doing nothing was rejected.

2. Build a Cancer Center on the NCH Campus

The Applicants considered alternative on-campus locations at the Central Road and Fernandez Road property currently occupied by the NCH 605 and 675 Central Buildings and the surface parking lot location utilized by the NCH Day Surgery Center. Both options would require modifications to the campus as required by the Village of Arlington Heights and would not be able to be brought to market at the same pace as the Schaumburg site. In addition, a future project is planned for the NCH Day Surgery Center parking lot. Finally, the Schaumburg site allows for the size, scale and scope of facility NCH believe serves the community need best. This size facility was not able to be accommodated within the on-campus options.

3. Build a New Off-Campus Cancer Center (\$86,865,526)

To best serve the needs of the residents of NCH's market area, the Applicants ultimately decided to build a dedicated cancer center facility in Schaumburg.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(a), Size of the Project

The Applicants seek to construct a cancer center in Schaumburg, Illinois, approximately 3 miles from NCH's main campus. The Project includes two linear accelerators, one cyberknife, one high-definition radiation (HDR) procedure room, an imaging center with an x-ray, ultrasound, CT scan, and MRI, pharmacy and a laboratory with three lab draw stations. Pursuant to Section 1110 of the Administrative Code, the state standard is 2,400 dgsf per linear accelerator, 1,300 dgsf per x-ray, 900 dgsf per ultrasound unit, unit and 1,800 dgsf per CT scan, and 1,800 dgsf per MRI unit. The proposed department gross square footage is shown in the table below. The Project size meets the State standards.

DEPARTMENT/ SERVICE	PROPOSED DGSF	UNITS	STATE STANDARD	DIFFERENCE	MET STANDARD?
Linear Accelerator	4,570	2	2,400 DGSF/ Accelerator	N/A	Yes
Cyberknife	2,285	1	2,400 DGSF/ Unit	N/A	Yes
HDR Procedure Room	2,285	1	2,400 DGSF/ Unit	N/A	Yes
CT Scan	420	1	1,800 DGSF/ Unit	N/A	Yes
MRI	500	1	1,800 DGSF/ Unit	N/A	Yes
Ultrasound	250	1	900 DGSF/Unit	N/A	Yes
X-Ray	325	1	1,300 DGSF/Unit	N/A	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b), Project Services Utilization

Imaging

Imaging is one of the services associated with the proposed project for which the HFSRB has established utilization standards in 77 Ill. Admin Code 1100. Table 1 below shows the historical imaging volumes performed at NCH as well as the associated 2026 (first year years after project completion) volume forecasts.

Table 1: Historical & Projected Utilization						
Year	Dept/ Service	Units	2021¹²	Projected Utilization	State Standard	Met Standard?
2026	Imaging	1 CT Scan	1,560 visits	1,794 visits	> 7,000 visits per CT Scan	Yes
2026	Imaging	1 MRI	1,341 procedures	1,542 procedures	> 2,500 procedures per MRI	Yes
2026	Imaging	1 Ultrasound	1,145 visits	1,317 visits	> 3,100 visits per ultrasound	Yes
2026	Imaging	1 X-Ray	3,466 procedures	3,976 procedures	> 8,000 procedures per x-ray	Yes

By signing the certification page of this application, the Applicants attest that NCH will achieve the target utilization standard for imaging within the first two years of operation of the new cancer center.

Radiation Therapy

Radiation therapy is one of the services to be provided at the cancer center for which the HFSRB has established utilization standards in 77 Ill. Admin Code 1100. Table 2 below shows the historical linear accelerator and brachytherapy volumes performed NCH as well as the associated 2026 (first year after project completion) volume forecasts.

Table 2: Historical & Projected Utilization						
Year	Dept/ Service	Units	2021¹³	Projected Utilization	State Standard	Met Standard?
2026	Radiation Therapy	2 Lin Accs	10,200 Treatments	11,300 Treatments	> 7,500 Treatments per Linear Accelerator	Yes
2026	Radiation Therapy	1 Cyberknife	153 Treatments	185 Treatments	> 7,500 Treatments per Cyberknife	Yes
2026	Radiation Therapy	1 HDR Procedure Room	91 treatments	106 Treatments	N/A	Yes

¹² Due to the COVID-19 pandemic and the associated unprecedented disruption of care, the Applicant has based its utilization projections on 2021 utilization data

¹³ Due to the COVID-19 pandemic and the associated unprecedented disruption of care, the Applicant has based its utilization projections on 2021 utilization data

By signing the certification page of this application, the Applicants attest that NCH will achieve the target utilization standard for imaging and radiation therapy within the first two years of operation of the new cancer center.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d), Unfinished or Shell Space

The Project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
Criterion 1110.270, Clinical Service Areas Other than Categories of Service

1. Deteriorated Facilities and/or Necessary Expansion

The Applicants are seeking to construct an ambulatory cancer center in Schaumburg, approximately 3 miles from the NCH main campus. NCH's existing cancer center space within the inpatient hospital facility opened many years ago and, while care remains excellent, the space dedicated to the cancer program within the hospital is not big enough and the lay-out and space programming no longer meets the program's requirements nor is the design consistent with contemporary standards. While NCH's current care delivery model allows clinicians to fully collaborate with each other, investments in a new cancer center in Schaumburg will further these goals by allowing providers to practice alongside one another and support greater interdisciplinary care. Doing so will improve quality of care, efficiency and patient and physician satisfaction. The following issues with the existing cancer center space would be addressed by the Project:

- Unable to provide on-site multi-disciplinary clinics due to lack of clinic space.
- Infusion Centers
 - Infusion provided at four separate locations. Three of these locations are miles apart.
 - Three of the four infusion center operate at over 90% capacity
 - Infusion center is a general infusion center where immunocompromised chemotherapy patients are treated in the same area as infectious patients receiving antibiotics.
- Radiation oncology vault is too small to accommodate the newer upgraded cyberknife and linear accelerators
- Radiation Therapy
 - Patients receiving concurrent radiation therapy and chemotherapy must travel to different buildings in completely different locations
 - All radiation therapy patients, who are frequently immunocompromised, are treated in the basement of the hospital and must enter, travel, and exit through hospital corridors with other patients and staff
- Inadequate parking and no specified parking lot for cancer patients.

2. Utilization – Service or Facility

The proposed project will include an imaging department, two linear accelerators, cyberknife, and HDR procedure room. Section 1100 Appendix B of the Administrative Code documents the established utilization standard for imaging radiation therapy. As detailed in Attachment- 15, the table on the following page summarizes the proposed units, projected volume, applicable state standard, and project compliance with the state standard.

**Table 1:
Historical & Projected Utilization**

Year	Dept/Service	Units	2021¹⁴	Projected Utilization	State Standard	Met Standard?
2026	Imaging	1 CT Scan	1,560 visits	1,794 visits	> 7,000 visits per CT Scan	Yes
2026	Imaging	1 MRI	1,341 procedures	1,542 procedures	> 2,500 procedures per MRI	Yes
2026	Imaging	1 Ultrasound	1,145 visits	1,317 visits	> 3,100 visits per ultrasound	Yes
2026	Imaging	1 X-Ray	3,466 procedures	3,976 procedures	> 8,000 procedures per x-ray	Yes
2026	Radiation Therapy	2 Linear Accelerators	10,200 Treatments	11,300 Treatments	> 7,500 Treatments per Linear Accelerator	Yes
2026	Radiation Therapy	1 Cyberknife	153 Treatments	185 Treatments	> 7,500 Treatments per Cyberknife	Yes
2026	Radiation Therapy	1 HDR Procedure Room	91 Treatments	106 Treatments	N/A	N/A

¹⁴ Due to the COVID-19 pandemic and the associated unprecedented disruption of care, the Applicant has based its utilization projections on 2021 utilization data

Section VI, Financial Feasibility
Criterion 1120.120 Availability of Funds

A copy of Northwest Community Hospital's bond rating from Moody's Investors documenting a bond rating of A3 or better is attached at Attachment – 33. Accordingly, this criterion is not applicable.

HOME TRENDING

NorthShore

SUMMARY

REPORTS

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Related Organizations

FINANCIALS

METHODOLOGIES & FRAMEWORKS

TOOLS:

PEER COMPARISON

QRATE

REFERENCE:

SECTOR

ACFRS

RATINGS DEFINITIONS

Revenue Bonds, Series 2022A

SALE ID: 907612406

7 Results

COLLAPSE ALL	MATURITY DATE	TYPE	CURRENT	ACTION	DATE	EU ENDORSEMENT	UK ENDORSEMENT	REGULATORY DISCLOSURES FOR MOST RECENT RATING ACTION	ENHANCEMENT INSURANCE PR
▼ CUS:45204FPW9 FIGI:BBG016B2TWY9	15 Aug 2038	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FPX7 FIGI:BBG016B2TWZ8	15 Aug 2039	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FPY5 FIGI:BBG016B2TX04	15 Aug 2040	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FPZ2 FIGI:BBG016B2TX13	15 Aug 2041	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FQA6 FIGI:BBG016B2TX31	15 Aug 2042	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FQB4 FIGI:BBG016B2TX40	15 Aug 2047	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FQC2 FIGI:BBG016B2TX59	15 Aug 2051	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							



Revenue Bonds, Series 2022A
SALE ID: 907612406

7 Results

▼ COLLAPSE ALL	MATURITY DATE	TYPE	CURRENT	ACTION	DATE	EU ENDORSEMENT	UK ENDORSEMENT	REGULATORY DISCLOSURES FOR MOST RECENT RATING ACTION	ENHANCEMENT INSURANCE PR
▼ CUS:45204FPW9 FIGI:BBG016B2TWY9	15 Aug 2038	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FPX7 FIGI:BBG016B2TWZ8	15 Aug 2039	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FPY5 FIGI:BBG016B2TX04	15 Aug 2040	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FPZ2 FIGI:BBG016B2TX13	15 Aug 2041	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FQA6 FIGI:BBG016B2TX31	15 Aug 2042	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FQB4 FIGI:BBG016B2TX40	15 Aug 2047	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							
▼ CUS:45204FQC2 FIGI:BBG016B2TX59	15 Aug 2051	Underlying	Aa3	NEW	11 Mar 2022	EU Endorsed	UK Endorsed	Regulatory Disclosures	
		Enhanced							
		Insured							

Revenue Bonds, Series 2020C (NorthShore)	Revenue	10 Mar 2020	68.34	Underlying	Aa3	AFFIRMATION	11 Mar 2022	HEALTH CARE
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Sale Description 10 Items	Security Type	Sale Date	Sale AMOUNT (\$US Mil)	Type	Current	Action	Date	Primary Purpose
Sales Detail								

For credit ratings that are derived exclusively from an existing credit rating of a program, series, category/class of debt, support provider or primary rated entity, or that replace a previously assigned provisional rating at the same rating level, Moody's publishes a rating announcement on that series, category/class of debt or program as a whole, on the support provider or primary rated entity, or on the provisional rating, but often does not publish a specific rating announcement on each subsequent bond or note for which the credit rating is derived from the existing credit rating. Rating announcements are usually press releases classified as Rating Actions on www.moody's.com. Please refer to the Research tab on the issuer/entity page for the rating announcement.

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 Dial the AT&T Direct Dial Access® code for your location.

Then, at the prompt, dial 866-330-MDYS (866-330-6397).

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Section VII, Financial Viability
Criterion 1120.130 Financial Viability Waiver

A copy of Northwest Community Hospital's bond rating from Moody's Investors Services documenting a bond rating of A3 or better is attached at Attachment – 33. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

A copy of Northwest Community Hospital's bond rating from Moody's Investors Services documenting a bond rating of A3 or better is attached at Attachment – 33. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

A letter from Stephen Scogna, President and Chief Executive Officer, Northwest Community Hospital, certifying the estimated project costs and related costs will be funded in total by borrowing is attached at Attachment - 36B.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Conditions of Debt Financing

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140 that the selected form of debt financing for the project will be at the lowest net cost available.

Sincerely,

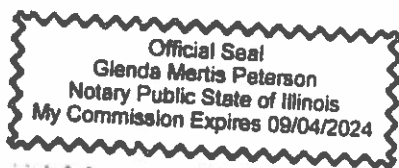


Stephen Scogna
President & Chief Executive Officer
Northwest Community Hospital

Subscribed and sworn to me
This 13 day of APRIL, 2022



Notary Public



Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is Provided in the Table below:

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot Mod.	New Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
REVIEWABLE									
Linear Accelerator Vaults	\$400.99		4,570				\$1,832,536		\$1,832,536
Cyberknife	\$400.99		2,285				\$916,267		\$916,267
HDR Procedure Room	\$400.99		2,285				\$916,267		\$916,267
CT Scan	\$157.03		420				\$65,951		\$65,951
MRI	\$157.03		500				\$78,513		\$78,513
Ultrasound	\$157.03		250				\$39,257		\$39,257
X-Ray	\$157.03		325				\$51,034		\$51,034
Infusion Center	\$183.75		7,870				\$1,446,149		\$1,446,149
Laboratory	\$183.75		500				\$91,877		\$91,877
Pharmacy	\$150.34		3,100				\$466,069		\$466,069
Contingency	\$26.71		22,105				\$590,392		\$590,392
Total Reviewable	\$293.79		22,105				\$6,494,312		\$6,494,312
NON-REVIEWABLE									
Registration	\$289.71		2,990				\$866,229		\$866,229
Research/Clinical Trials	\$289.71		6,000				\$1,738,252		\$1,738,252
Tumor Board	\$289.71		15,150				\$4,389,086		\$4,389,086
Medical Oncology/ Specialty Clinics	\$289.71		20,331				\$5,890,066		\$5,890,066
Other Non-Clinical	\$303.84		6,092				\$1,850,998		\$1,850,998
Common Areas	\$303.84		7,055				\$2,143,596		\$2,143,596
Circulation	\$247.31		25,277				\$6,251,312		\$6,251,312
Contingency	\$11.34		82,895				\$940,749		\$940,749
Non-Reviewable	\$290.37		82,895				\$24,070,288		\$24,070,288
TOTALS	\$291.09		105,000				\$30,564,600		\$30,564,600

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard

Table 1120.140(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts and Contingencies	\$6,494,312	$\$307.21 \times 22,105 \text{ GSF} = \$6,790,877$	Below State Standard
Contingencies	\$590,392	10% x New Construction Contracts $10\% \times \$5,903,920 = \$590,392$	Meets State Standard
Architectural/Engineering Fees	\$125,000	6.11% - 9.17% of New Construction Contracts + Contingencies) = $6.11\% - 9.17\% \times (\$5,903,920 + \$590,392) =$ $6.11\% - 9.17\% \times \$6,494,312 =$ $\$396,802 - \$595,528$	Below State Standard
Moveable Equipment	\$23,330,000	No State Standard	No State Standard
Bond Issuance Expense	\$598,986	No State Standard	No State Standard
Net Interest Expense During Construction	\$748,733	No State Standard	No State Standard
Fair Market Value of Leased Space	\$5,955,715	No State Standard	No State Standard

Section XI, Safety Net Impact Statement

The Project is non-substantive. Accordingly, this criterion is not applicable.

Section XII, Charity Care Information

The table below provides charity care information for the most recent three years for NS-EE Holdings and Northwest Community Hospital.

NS-EE HOLDINGS CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$3,228,214,670	\$3,371,011,243	\$3,363,211,240
Amount of Charity Care (charges)	\$234,011,479	\$209,673,995	\$249,621,886
Cost of Charity Care	\$43,456,926	\$43,338,631	\$50,584,477

NORTHWEST COMMUNITY HOSPITAL CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$479,896,565	\$507,493,713	\$464,883,136
Amount of Charity Care (charges)	\$37,387,533	\$20,462,984	\$23,331,519
Cost of Charity Care	\$8,376,013	\$5,397,996	\$6,450,160

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